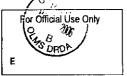
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 256/8	2. Fiscal Year Covered From:		
	[1] / [1 / 2005] Through: [12 / 31] / [2005]		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Arzell Register, Jr.	Name United Transportation Union L998		
	Labor Organization File Number +020-598		
P.O. Box, Bldg., Room No., if any Rt. 8 Box 396B	P.O. Box, Building and Room Number, if any Rt. 8 Box 396B		
Street	Street		
City Waycross	City Waycross		
State Georgia ZIP Code + 4 3 1503-9469	State Georgia ZIP Code + 4 [31503-9469		
5. Position in labor organization. Secretary/Treasurer			
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of		
monetary value from an employer whose employees your organization	ion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	1		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
· · · · · · · · · · · · · · · · · · ·			
	7.b. Amount.		
Street	7.b. Amount.		
	7.b. Amount.		
Street	7.b. Amount.		
Street City ZIP Code + 4	7.b. Amount.		
Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	nature Ferjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the		
Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	nature Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)		
Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	nature Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing Arzell Register, Jr.	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	Business deals with:				
Name			:		
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name			1		
Trade Name, if any:			!		
P.O. Box, Bldg., Room No., if any			; []		
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
			}		
	i 				
•					
	12 h Amount				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Moody, Strople, Kloeppel, Basilone, Higginbotham	01/14 Tickets 01/15 Lunch 07/18 Tickets	110.00 23.00 63.00			
Trade Name, if any: Attorneys At Law	07/19 Tickets 12/15 Christmas g	56.00 gift 8.00			
P.O. Box, Bldg., Room No., if any 1138 Suite 300					
Street 500 Crawford St			,		
City Portsmouth					
State Virginia ZIP Code + 4 23705					
	14.b. Amount of payment.				
13.b. Is the Business an Employer or Consultant X ?	1		\$260		